Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/27/2014	Address:	2603 OUTLET BLVD.
Incident #:	14ISPC000668		(ALL-STATE INN)
County :	JACKSON		ROOM 123
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
 Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ✓ One Pot or Birch Reaction(s): IN REFRIGERATOR 			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: IN MAIN ROOM			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: <u>IN MAIN ROOM</u>			
Corrosive Base: <u>IN MAIN ROOM</u>			
Other (item and location):			
<u>Vehicle Information</u> :			
Owner: VIN: Year:		Make: Model:	
Yes	<pre>age 18 discovered (check appropriate) _ (number present)</pre>		tions of home: clean disarray
⊠ No ☐ Children or visit often	not present but evidence they reside	occurring:	ngth of time manufacturing had been not manufacturing had been not matter that the manufacturing had been not matter that the manufacturing had been not matter that the manufacturing had been not manufacturing
This report l	nas been faxed* or emailed to the fo	llowing agencies tha	at serve the location:
Health Depar	ent City, Township or County <u>SEYM</u> tment County: <u>JACKSON CO.</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: 812-5	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: TROOPER MARTIN A. MEAD Phone 1-812-689-5000			

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.